ANT D - LEE(O) TEWNIONITIESE thapplicable fee(s), to: Mail Complete and send this form, toget JE FEE Mail Stor for Patents Commissic P.O. Box 1450 JUL 2 6 2006 Alexandria, Virginia 22313-1450 (703) 746-4000 or <u>Fax</u> INSTRUCTIONS: This form should used for transmonding the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence address a indicated unless corrected below or directed physical Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address. maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission. 29370 04/18/2005 7590 Certificate of Mailing or Transmission ROBERT A. PARSONS I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimilar transmitted to the USPTO (703) 746-4000, on the date indicated below. 4000 N. CENTRAL AVENUE, SUITE 1220 PHOENIX, AZ 85012 PARSON8 ROBERT (Depositor's name) (Signature) JULY 2006 (Date) CONFIRMATION NO. APPLICATION NO. **FILING DATE** FIRST NAMED INVENTOR ATTORNEY DOCKET NO. 4240-P2A2D 7563 10/633,914 08/04/2003 John Stafford TITLE OF INVENTION: LATCHING MICRO MAGNETIC RELAY PACKAGES AND METHODS OF PACKAGING CNGUYENI 00000003 10633914 01 FC:1501 1400.00 OP APPLN. TYPE SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE -<del>5700</del>-1400 S1000 1700 \$300 07/18/2005 nonprovisional <del>-YES</del>NO **EXAMINER ART UNIT** CLASS-SUBCLASS NGUYEN, TUYEN T 2832 335-078000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1PARSONS & GOLTRY (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2ROBERT A. PARSONS (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is ₃MICHAEL W. GOLTRY listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE CHANDLER AZ 85225 MAGFUSION INC. Individual Corporation or other private group entity Governmen: 4b. Payment of Fee(s): XIssue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_\_ (enclose an extra copy of this form). Advance Order - # of Copies

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